

APPLICATION FOR CHANGED ASSESSMENT

This form contains all the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicants should be prepared to submit additional information if requested by the assessor or at the time of the hearing. Failure to provide information the appeals board considers necessary may result in the continuance of the hearing.

PLEASE TYPE OR PRINT IN INK—SEE REVERSE SIDE FOR INSTRUCTIONS ON FILLING OUT THIS APPLICATION AND MAILING ADDRESS

Sample

1. APPLICANT'S NAME (last, first, middle initial)

Smythe, Amy, D.

STREET ADDRESS/P.O. BOX NUMBER (MUST be applicant's mailing address)

2000 Easy Street

CITY San Diego STATE CA ZIP CODE 92101
 DAYTIME PHONE (619) 531-5777 ALTERNATE PHONE (619) 286-8402 FAX NUMBER (619) 531-6098
 E-MAIL ADDRESS

2. AGENT OR ATTORNEY FOR APPLICANT

PERSON TO CONTACT (if other than above) (last, first, middle initial)

STREET ADDRESS/P.O. BOX NUMBER

CITY STATE ZIP CODE
 DAYTIME PHONE () ALTERNATE PHONE () FAX NUMBER ()
 E-MAIL ADDRESS

AGENT'S AUTHORIZATION

If the applicant is a corporation, the agent's authorization must be signed by an officer or authorized employee of the business entity. If the agent is not an attorney licensed in California or a spouse, child, or parent of the person affected, the following must be completed (or attached to this application—see instructions).

PRINT NAME OF AGENT AND AGENCY

is hereby authorized to act as my agent in this application and may inspect assessor's records, enter into stipulations, and otherwise settle issues relating to this application.

SIGNATURE OF APPLICANT/OFFICER/AUTHORIZED EMPLOYEE

DATE

TITLE

6. THE FACTS THAT I RELY UPON TO SUPPORT REQUESTED CHANGES IN VALUE ARE AS FOLLOWS: You may check all that apply. If you are uncertain of which item to check, please check "I. OTHER" and attach a copy of a brief explanation of your reason(s) for filing this application. PLEASE SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION.

- ☒ **A. Decline in Value:** The assessor's roll value exceeds the market value as of January 1 of the current year.
- ☐ **B. Change in Ownership:**
- ☐ 1. No change in ownership or other reassessable event occurred on the date of _____
- ☐ 2. Base year value for the change in ownership established on the date of _____ is incorrect.
- ☐ **C. New Construction:**
- ☐ 1. No new construction or other reassessable event occurred on the date of _____
- ☐ 2. Base year value for the new construction established on the date of _____ is incorrect.
- ☐ **D. Calamity Reassessment:** Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

3. PROPERTY IDENTIFICATION INFORMATION

SECURED: ASSESSOR'S PARCEL NUMBER

614-999-20-00

UNSECURED: ACCOUNT/TAX BILL NUMBER

N/A

PROPERTY ADDRESS OR LOCATION

2000 Easy Street
 San Diego, CA 92101

PROPERTY TYPE:

- ☒ Single-Family Residence/Condo/Townhouse
☐ Apartments (Number of Units _____)
☐ Commercial/Industrial ☐ Vacant Land
☐ Agricultural ☐ Other _____
☐ Business Personal Property/Fixtures

Is this property an owner-occupied single-family dwelling?

☒ Yes ☐ No

4. VALUE	A. VALUE ON ROLL	B. APPLICANT'S OPINION OF VALUE
LAND	199,000	150,000
MINERAL RIGHTS		
IMPROVEMENTS/STRUCTURES	200,000	150,000
FIXTURES		
PERSONAL PROPERTY		
TOTAL	399,000	300,000
PENALTIES		

5. TYPE OF ASSESSMENT BEING APPEALED (check one)**IMPORTANT — SEE INSTRUCTIONS FOR FILING PERIODS**

- ☒ Regular Assessment — Value as of January 1 of the current year **ROLL YEAR**
- ☐ Supplemental Assessment **ROLL YEAR**
- Attach a copy of Notice or Tax Bill
 Date of Notice or Tax Bill _____
- ☐ Roll Change/Escape Assessment/Calamity Reassessment **ROLL YEAR**
- Attach a copy of Notice or Tax Bill
 Date of Notice or Tax Bill _____

7. WRITTEN FINDINGS OF FACTS☐ Are requested☒ Are not requested

(See reverse side for information)

8. ☒ Yes ☐ No Do you want to designate this application as a claim for refund? Please refer to instructions first.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of the taxes on that property—"The Applicant"), (2) an agent authorized by the applicant under item 2 of this application, or (3) an attorney licensed to practice law in the State of California, State Bar No. _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE

Amy D. Smythe
 NAME AND TITLE (please type or print)
Ms. Amy D. Smythe

SIGNED AT

CITY

STATE

DATE

San Diego

CA

7/2/02

☒ Owner ☐ Agent ☐ Attorney ☐ Spouse ☐ Child ☐ Parent ☐ Person Affected